

Good Samaritan Health Wellness Center, Inc.

Sliding Fee Discount Schedule

Board Approved on 3/23/2026

Dental Services	Slide A	Slide B	Slide C	Slide D	Full Charge
Basic Services	Nominal Charge \$40.00	\$50.00	\$60.00	\$70.00	\$150*
Prophylaxis	\$50.00	\$60.00	\$70.00	\$80.00	\$120*
SRP (per quad)	\$50.00	\$60.00	\$70.00	\$80.00	\$120*
Extractions (up to 3 teeth)	\$40**	\$50**	\$60**	\$70**	\$150**
Fillings (up to 2)	\$40***	\$50***	\$60***	\$70***	\$150***
Posterior Crowns	\$200	\$400	\$600	\$800	\$1,000
Anterior Crown	\$250	\$450	\$650	\$850	\$1,050
Dentures (per unit)	\$350	\$500	\$650	\$850	\$1,150
Denture Repair (per unit)	\$185****	\$220****	\$250****	\$280****	\$400****
Partials (per unit)	\$400	\$600	\$800	\$1,000	\$1,300
Permanent Relines (per unit)	\$150	\$200	\$250	\$325	\$410
Nitrous Oxide (per visit)	\$50	\$55	\$60	\$65	\$70
Night Guard (TMJ Splint)	\$125	\$225	\$325	\$425	\$525
% of Poverty	0-100%	101-133%	134-166%	167-200%	201% & over
Family Size	Slide A	Slide B	Slide C	Slide D	Full Charge
1	\$0-\$15,960	\$15,961-\$21,279	\$21,280-\$26,599	\$26,600-\$31,920	\$31,921 & over
2	\$0-\$21,640	\$21,641-\$28,853	\$28,854-\$36,065	\$36,066-\$43,280	\$43,281 & over
3	\$0-\$27,320	\$27,321-\$36,426	\$36,427-\$45,532	\$45,533-\$54,640	\$54,641 & over
4	\$0-\$33,000	\$33,001-\$43,999	\$44,000-\$54,998	\$54,999-\$66,000	\$66,001 & over
5	\$0-\$38,680	\$38,681-\$51,572	\$51,573-\$64,464	\$64,465-\$77,360	\$77,361 & over
6	\$0-\$44,360	\$44,361-\$59,145	\$59,146-\$73,930	\$73,931-\$88,720	\$88,721 & over
7	\$0-\$50,040	\$50,041-\$66,718	\$66,719-\$83,397	\$83,398-\$100,080	\$100,081 & over
8	\$0-\$55,720	\$55,721-\$74,291	\$74,292-\$92,863	\$92,864-\$111,440	\$111,441 & over
Add for each additional Person	\$5,680	\$7,573	\$9,466	\$11,360	\$11,361

* or more depending on services provided

**Extractions - 3 teeth per sliding fee/each additional tooth \$20

***Fillings - 2 fillings per sliding fee/each additional filling \$20

**** Denture Repair - Each additional tooth add \$90

Based on 2025 Federal Poverty Level Guidelines

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Medical, MAT & Vision Services					
Patient Charge Medical & Vision Services	Nominal Charge \$25.00	\$30.00	\$35.00	\$40.00	Full Charge
MAT Services Induction Appt	\$100.00	\$115.00	\$130.00	\$155.00	\$210.00*
% of Poverty	0-100%	101-133%	134-166%	167-200%	201% & over
Family Size	Slide A	Slide B	Slide C	Slide D	Full Charge
1	\$0-\$15,960	\$15,961-\$21,279	\$21,280-\$26,599	\$26,600-\$31,920	\$31,921 & over
2	\$0-\$21,640	\$21,641-\$28,853	\$28,854-\$36,065	\$36,066-\$43,280	\$43,281 & over
3	\$0-\$27,320	\$27,321-\$36,426	\$36,427-\$45,532	\$45,533-\$54,640	\$54,641 & over
4	\$0-\$33,000	\$33,001-\$43,999	\$44,000-\$54,998	\$54,999-\$66,000	\$66,001 & over
5	\$0-\$38,680	\$38,681-\$51,572	\$51,573-\$64,464	\$64,465-\$77,360	\$77,361 & over
6	\$0-\$44,360	\$44,361-\$59,145	\$59,146-\$73,930	\$73,931-\$88,720	\$88,721 & over
7	\$0-\$50,040	\$50,041-\$66,718	\$66,719-\$83,397	\$83,398-\$100,080	\$100,081 & over
8	\$0-\$55,720	\$55,721-\$74,291	\$74,292-\$92,863	\$92,864-\$111,440	\$111,441 & over
Add for each additional Person	\$5,680	\$7,573	\$9,466	\$11,360	\$11,361

Behavioral Health Services					
Patient Charge Behavioral Health Services	Nominal Charge \$10.00	\$15.00	\$20.00	\$25.00	Full Charge
% of Poverty	0-100%	101-133%	134-166%	167-200%	201% & over
Family Size	Slide A	Slide B	Slide C	Slide D	Full Charge
1	\$0-\$15,960	\$15,961-\$21,279	\$21,280-\$26,599	\$26,600-\$31,920	\$31,921 & over
2	\$0-\$21,640	\$21,641-\$28,853	\$28,854-\$36,065	\$36,066-\$43,280	\$43,281 & over
3	\$0-\$27,320	\$27,321-\$36,426	\$36,427-\$45,532	\$45,533-\$54,640	\$54,641 & over
4	\$0-\$33,000	\$33,001-\$43,999	\$44,000-\$54,998	\$54,999-\$66,000	\$66,001 & over
5	\$0-\$38,680	\$38,681-\$51,572	\$51,573-\$64,464	\$64,465-\$77,360	\$77,361 & over
6	\$0-\$44,360	\$44,361-\$59,145	\$59,146-\$73,930	\$73,931-\$88,720	\$88,721 & over
7	\$0-\$50,040	\$50,041-\$66,718	\$66,719-\$83,397	\$83,398-\$100,080	\$100,081 & over
8	\$0-\$55,720	\$55,721-\$74,291	\$74,292-\$92,863	\$92,864-\$111,440	\$111,441 & over
Add for each additional Person	\$5,680	\$7,573	\$9,466	\$11,360	\$11,361

based on 2026 Federal Poverty Level Guidelines

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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Family Planning Services						
Patient Charge Family Planning Services	Nominal Charge \$0	\$30.00	\$35.00	\$40.00	\$45.00	Full Charge
% of Poverty	0-100%	101-133%	134-166%	167-200%	201-250%	251% & over
Family Size	Slide A	Slide B	Slide C	Slide D	Slide E (Family Planning only)	Full Charge
1	\$0-\$15,960	\$15,961-\$21,279	\$21,280-\$26,599	\$26,600-\$31,920	\$31,921-\$39,900	\$39,901 & over
2	\$0-\$21,640	\$21,641-\$28,853	\$28,854-\$36,065	\$36,066-\$43,280	\$43,281-\$54,100	\$54,101 & over
3	\$0-\$27,320	\$27,321-\$36,426	\$36,427-\$45,532	\$45,533-\$54,640	\$54,641-\$68,300	\$68,301 & over
4	\$0-\$33,000	\$33,001-\$43,999	\$44,000-\$54,998	\$54,999-\$66,000	\$66,001-\$82,500	\$82,501 & over
5	\$0-\$38,680	\$38,681-\$51,572	\$51,573-\$64,464	\$64,465-\$77,360	\$77,361-\$96,700	\$96,701 & over
6	\$0-\$44,360	\$44,361-\$59,145	\$59,146-\$73,930	\$73,931-\$88,720	\$88,721-\$110,900	\$110,901 & over
7	\$0-\$50,040	\$50,041-\$66,718	\$66,719-\$83,397	\$83,398-\$100,080	\$100,081-\$125,100	\$125,101 & over
8	\$0-\$55,720	\$55,721-\$74,291	\$74,292-\$92,863	\$92,864-\$111,440	\$111,441-\$139,300	\$139,301 & over
Add for each additional Person	\$5,680	\$7,573	\$9,466	\$11,360	\$11,361	

Pharmacy Services					
Pharmacy Services**	Nominal Charge Price + \$1	Price + \$2	Price + \$3	Price + \$4	Price + \$5
% of Poverty	0-100%	101-133%	134-166%	167-200%	201% & over
Family Size	Slide A	Slide B	Slide C	Slide D	Full Charge
1	\$0-\$15,960	\$15,961-\$21,279	\$21,280-\$26,599	\$26,600-\$31,920	\$31,921 & over
2	\$0-\$21,640	\$21,641-\$28,853	\$28,854-\$36,065	\$36,066-\$43,280	\$43,281 & over
3	\$0-\$27,320	\$27,321-\$36,426	\$36,427-\$45,532	\$45,533-\$54,640	\$54,641 & over
4	\$0-\$33,000	\$33,001-\$43,999	\$44,000-\$54,998	\$54,999-\$66,000	\$66,001 & over
5	\$0-\$38,680	\$38,681-\$51,572	\$51,573-\$64,464	\$64,465-\$77,360	\$77,361 & over
6	\$0-\$44,360	\$44,361-\$59,145	\$59,146-\$73,930	\$73,931-\$88,720	\$88,721 & over
7	\$0-\$50,040	\$50,041-\$66,718	\$66,719-\$83,397	\$83,398-\$100,080	\$100,081 & over
8	\$0-\$55,720	\$55,721-\$74,291	\$74,292-\$92,863	\$92,864-\$111,440	\$111,441 & over
Add for each additional Person	\$5,680	\$7,573	\$9,466	\$11,360	\$11,361

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